

USEPAUnited States
Environmental Protection Agency
Washington, DC 20460Form Approved
OMB No. 2070-0112

Notification of PCB Activity

Return To: Document Control Officer (5305P) Office of Solid Waste U.S. Environmental Protection Agency 1200 Pennsylvania Ave., N.W. Washington, DC 20460-0001		For Official Use Only							
1. Name of Facility MASSACHUSETTS MILLS APTS.		Name of Owner Facility JOSEPH R. MULLINS							
2. EPA Identification Number (if already assigned under RCRA)									
3. Facility Mailing Address (Street or PO Box, City, State, & Zip Code) 150 MASS MILLS DRIVE LOWELL, MA 01852		4. Location of Facility (No. Street, City, State, & Zip Code) 169.2 BRIDGE STREET LOWELL, MA							
5. Installation Contact (Name and Title) JOHN RUDZINSKI / MANAGER		6. Type of PCB Activity (Mark 'X' in appropriate box. See Instructions.) <table border="0"><tr><td><input checked="" type="checkbox"/> A. Generator w/onsite storage facility</td><td><input type="checkbox"/> B. Storer (Commercial)</td></tr><tr><td><input type="checkbox"/> C. Transporter</td><td><input type="checkbox"/> D. R&D-Treatability</td></tr><tr><td><input type="checkbox"/> E. Approved Disposer</td><td><input type="checkbox"/> F. Scrap Metal Recovery Oven/Smelter, High Efficiency Boilers</td></tr></table>		<input checked="" type="checkbox"/> A. Generator w/onsite storage facility	<input type="checkbox"/> B. Storer (Commercial)	<input type="checkbox"/> C. Transporter	<input type="checkbox"/> D. R&D-Treatability	<input type="checkbox"/> E. Approved Disposer	<input type="checkbox"/> F. Scrap Metal Recovery Oven/Smelter, High Efficiency Boilers
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Telephone Number (Area Code and Number) 617-838-9388									
7. Certification Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.									
Signature Joseph R. Mullins		Name and Official Title (Type of Print) JOSEPH R. MULLINS							
Date Signed 12/8/2016									
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